Kentucky Department for Medicaid Services

Secretary for Health and Family Services Final PDL Selections from Pharmacy and Therapeutics Advisory Committee Meeting September 15, 2005

This chart provides a summary of the final PDL selections that were made by the Secretary for Health and Family Services as a result of the Pharmacy and Therapeutics Advisory Committee meeting of September 15, 2005 resulting in recommendations and product supplemental rebate submissions.

	Description of Recommendation	Final PDL Decision
#1	**Bisphosphonate Class Re-review** 1. All agents in the bisphosphonate class are considered clinically equivalent in efficacy and safety. 2. Continue quantity limits on bisphosphonate agents. 3. Place quantity limit on Boniva. 4. DMS to select agent(s) as preferred based on economic evaluation. 5. Agents not selected as preferred based on economic evaluation will require PA. 6. Patients will be allowed a 3 month transition period when effected by PDL changes. 7. For any new chemical entity in the bisphosphonate class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations Approved <u>PDL Selections</u> Fosomax Fosomax D Fosomax solution
#2	**Sedative Hypnotic Class Re-review** 1. All agents in the Sedative Hypnotic class are considered clinically equivalent in efficacy and safety. 2. Continue quantity limits (14 tablets for 14 days) on all sedative hypnotic agents. 3. Quantities of 30 tablets will require a diagnosis of chronic insomnia to be approved. Point of sale ICD-9 code in lieu of PA will be evaluated for implementation. 4. Step therapy- generic benzodiazepine claim within the past 12 months prior to initiation of Ambien, Lunesta, or Sonata with the exception of pregnant women and patients > than 65 years old. 5. Place quantity limits of 14 tablets for 14 days on Lunesta. 6. DMS to select agent(s) based on economic evaluation. 7. Agents not selected as preferred based on economic evaluation will require PA. 8. Patients will be allowed a 3 month transition period when effected by PDL changes. 9. For any new chemical entity in the sedative hypnotic class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations Approved <u>PDL Selections</u> Estazolam Flurazepam HCL Temazepam Triazolam
#3	**ACEI Class Re-review** 1. All ACE Inhibitors are considered clinically equivalent in efficacy and safety. 2. DMS to select agent(s) based on economic evaluation. 3. Agents not selected as preferred based on economic evaluation will require PA 4. Patients will be allowed a 3 month transition period for PDL changes. 5. For any new chemical entity in the ACEI class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations Approved <u>PDL Selections</u> Benazepril HCL Captopril Enalapril Maleate Lisinopril Benazepril HCL- HCTZ Captopril-HCTZ Enalapril Maleate-HCTZ Lisinopril-HCTZ
#4	**ARBs Class Re-review** 1. All ARBs were considered clinically equivalent in efficacy and safety. 2. DMS to select agent(s) based on economic evaluation. 3. Step therapy-Require an ACE claim within the past 12 months prior to initiation of an ARB therapy. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. PATIENTS WILL BE ALLOWED A 3 MONTH TRANSITION PERIOD WHEN EFFECTED BY PDL CHANGES. 6. For any new chemical entity in the ARBs class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations Approved <u>PDL Selections</u> Cozaar Hyzaar Diovan Diovan HCT

Secretary for Health and Family Services Final PDL Selections from Pharmacy and Therapeutics Advisory Committee Meeting September 15, 2005

	Description of Recommendation	Final PDL Decision
#5	**Serotonin Receptor Agonist Class Re-review** 1. All agents are considered clinically equivalent in efficacy and safety. 2. Continue quantity limits on the Serotonin Receptor Agonist agents. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. PATIENTS WILL BE ALLOWED A 3 MONTH TRANSITION PERIOD WHEN EFFECTED BY PDL CHANGES 6. For any new chemical entity in the Serotonin Receptor Agonist class, require a PA and quantity limit until reviewed by the P&T Advisory Committee	Recommendations Approved PDL Selections Maxalt Maxalt MLT Zomig Zomig Spray Zomig ZMT
#6	**Thiazolidinediones Oral Antidiabetic Class Re-review** 1. All agents were considered clinically equivalent in efficacy and safety. 2. Continue quantity limits placed on agents in class. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. PATIENTS WILL BE ALLOWED A 3 MONTH TRANSITION PERIOD WHEN EFFECTED BY PDL CHANGES. 6. For any new chemical entity in the Thiazolidineone class, require a PA and quantity limit until reviewed by the P&T Advisory Committee	Recommendations Approved PDL Selections Actos
#7	**HMG Co-A Reductase Inhibitors (Statins) Class Re-review** 1. All agents are considered clinically equivalent in efficacy and safety within respective potency categories. 2. Continue quantity limits placed on agents in class. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. If Vytorin is selected as preferred, at least one additional high potency agent should be selected as preferred. 6. Patients will be allowed a 3 month transition period when effected by PDL changes. 7. The continued preferred status of Lipitor will be evaluated after the implementation of the Medicare Modernization Act Part D drug benefit. 8. For any new chemical entity in the Statin class, require a PA and quantity limit until reviewed by the P&T Advisory Committee	Recommendations Approved PDL Selections **High Potency** Crestor Lipitor Vytorin Zocor **Lower Potency** Advicor Altoprev Lescol Lescol XL Lovastatin

Secretary for Health and Family Services Final PDL Selections from Pharmacy and Therapeutics Advisory Committee Meeting September 15, 2005

#8	**COPD Therapeutic Class Review** 1. All agents are considered clinically equivalent in efficacy and safety. 2. Place quantity limits on agents in class. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. STEP THERAPY- Require a 1 month trial of a preferred COPD agent prior to initiation of a non-preferred COPD agent. 6. Patients will be allowed a 3 month transition period when effected by PDL changes. 7. FOR ANY NEW CHEMICAL ENTITY IN THE COPD CLASS, REQUIRE A PA AND QUANTITY LIMIT UNTIL REVIEWED BY THE P&T ADVISORY COMMITTEE	Recommendations Approved PDL Selections Atrovent Aer w/ADAP Combivent Duoneb
#9	**Immunomodulators- Rheumatoid Arthritis Therapeutic Class Review** 1. All agents are considered clinically equivalent in efficacy and safety. 2. Prior authorization on all agents based on FDA indications. 3. All agents shall be considered 3rd line treatment. 4. DMS to select agent(s) based on economic evaluation. 5. Agents not selected as preferred based on economic evaluation will require PA. 6. Patients will be allowed a 3 month transition period when effected by PDL changes 7. For any new chemical entity in the Immunomodulator RA class, require a PA and quantity limit until reviewed by the P&T Advisory Committee	Recommendations Approved PDL Selections Enbrel Humira
#10	**Urinary Tract Antispasmodics Therapeutic Class Review** 1. All urinary tract antispasmodics and all dosage forms are clinically equivalent in efficacy and safety. 2. Place quantity limits on the overactive bladder agents 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. Patients will be allowed a 3 month transition period when effected by PDL changes 6. For any new chemical entity in the urinary tract antispasmodic class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations Approved PDL Selections Detrol LA Enablex Oxybutynin